

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000007409

1. Entity Name

FOR DIVERSITIES SAKE, INC.

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90084 036 \*\*\*\*61.25

Principal Place of Business

5561 SHADOW GROVE BLVD  
PENSACOLA FL 32526

Mailing Address

5561 SHADOW GROVE BLVD  
PENSACOLA FL 32526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3751229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENTLEY, RICHARD H  
5561 SHADOW GROVE BLVD  
PENSACOLA FL 32526

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	BENTLEY, RICHARD H	5561 SHADOW GROVE BLVD PENSACOLA FL 32526	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	BENTLEY, JULIA H	5561 SHADOW GROVE BLVD PENSACOLA FL 32526	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	HUNTER, TONY	2085 SILVERADO CT PENSACOLA FL 32506	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (4/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

(Richard H. Bentley) 9/10/02 (850) 456-2556